ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
	20			
FEE DETERMINATION	Dit	70385		
O.I.P.E. CLASSIFIER		44	11/9,00	
FORMALITY REVIEW				
RESPONSE FORMALITY REVIEW		171634	2/1/00	
		1-1-1-1-1	1611150	

INDEX OF CLAIMS

~	Rejected	Ν	Non-elected
=	Allowed	Ι,	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Hestricted U									
Claim Date	Claim D)ate Clai	m Date						
BB 30 8	a		a l						
Final Sorginal Strains	Final Original	Final	Original						
1 0 W 3 C	51		0						
2 3	52		102						
	53		103						
	54		104						
	55		05						
	56		06						
	57		107						
	58		08						
	59 60		10						
	61		111						
	62		112						
3	63		113						
14 ~	64		114						
15	65		115						
16	66		116						
17	67		117						
\$8 N	68		118						
DVV	69		119						
2 1	70		20						
23 1	71 72		121						
23 100	73		123						
(3) VV	74		124						
	75		125						
26/ N	76		26						
	77		127						
18 7	78		128						
(49)	79		29						
30	80		130						
31 32	82		132						
33	83		133						
34	84		134						
35	85		135						
39	86		136						
37	87		137						
38	88		138						
39 40	89		139						
	90		140						
41	91 92		142						
43	93		143						
44	94		144						
45	95		145						
46	96		146						
47	97		147						
48	98		148						
49	99		149						
50	l hod	ئا للبللب	150						

If more than 150 claims or 10 actions staple additional sheet here

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